

## ICMJE DISCLOSURE FORM

**Date:** 3/20/2024

**Your Name:** Kristian Kjærgaard

**Manuscript Title:** Measuring total hip arthroplasty liner wear using EOS Imaging System: Experimental and clinical results

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 3/20/2024

**Your Name:** Sibel Yilmaz

**Manuscript Title:** Measuring total hip arthroplasty liner wear using EOS Imaging System: Experimental and clinical results

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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## ICMJE DISCLOSURE FORM

**Date:** 3/20/2024

**Your Name:** Bart Kaptein

**Manuscript Title:** Measuring total hip arthroplasty liner wear using EOS Imaging System: Experimental and clinical results

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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**Date:** 3/19/2024

**Your Name:** Søren Overgaard

**Manuscript Title:** [Click or tap here to enter text.](#)

**Manuscript Number (if known):** \_\_\_\_\_

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		J&J	Personal payment lecture
		Heraeus	Payment to institution: lectures and course moderator
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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## ICMJE DISCLOSURE FORM

**Date:** 10/9/2023

**Your Name:** Ming Ding

**Manuscript Title:** Measuring total hip arthroplasty liner wear using EOS Imaging System

**Manuscript Number (if known):** [Click or tap here to enter text.]

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.